

**Academic Advisor Recommendation for J-1 Student Academic Training**

Federal regulations require an Academic Advisor's recommendation to be included with a request for Academic Training (AT). This form must be completed and signed by the student's Academic Advisor.

**Instructions for Student:** Complete section A of this form and e-mail it to your Academic Advisor along with a copy of your training offer letter.

**Instructions for the Academic Advisor:**

1. Review Academic Training Information on OIS Website.
2. Review the training offer letter. The letter must include: a description of the position including major responsibilities, the start and end dates of the training, the number of hours per week, amount of financial compensation, name of the direct supervisor, and the location of the training.
3. Please make sure to answer all the questions as this form will provide justification of the appropriateness of the training position in relation to the student's academic program.
4. Please return the completed and signed form to the student.

If you have any questions about this form or Academic Training, please email: [OIS@jhu.edu](mailto:OIS@jhu.edu)

**Section A: To be completed by student**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

I am applying for: \_\_\_\_\_ I am requesting: \_\_\_\_\_

**Section B: To be completed by Academic Advisor**

Description of Training Program: \_\_\_\_\_

Program Completion Date: \_\_\_\_\_ (For program completion date, please use the last day of enrollment for Degree & Exchange Students and use the last day of the JHU program for Visiting Students)

Last, First Name of Direct Supervisor: \_\_\_\_\_

Position Title: \_\_\_\_\_

Name of the Academic Training Site: \_\_\_\_\_

Address of the Academic Training Site: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Hrs. per wk: \_\_\_\_\_ Start date of training: \_\_\_\_\_ End date of training: \_\_\_\_\_

Please briefly explain the Goals and Objectives of this training program.

Please briefly explain how this Academic Training relates to student's major field of study and why do you think it is an integral or critical part of the student's academic program.

Do you recommend that this student be granted the Academic Training? \_\_\_\_\_

If you do not recommend that this student be granted Academic Training, please provide a brief explanation below:

\_\_\_\_\_  
Signature of Academic Advisor

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Date